

### **Application Information**

**Application Number::** 

09/755,197

Filing Date::

January 8, 2001

**Application Type::** 

Regular

**Subject Matter::** 

Utility

Suggested Classification::

**Suggested Group Art Unit::** 

CD-ROM or CD-R?::

Number of CD Disks::

RECEIVED

MAY 2 4 2004

Technology Center 2600

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form

(CFR)?::

**Number of Copies of CFR::** 

Title::

METHOD FOR MONITORING A DETECTION

REGION OF A WORKING ELEMENT

**Attorney Docket Number::** 

31833-169020

Request for Early Publication?::

Request for Non-Publication?::

**Suggested Drawing Figure::** 

**Total Drawing Sheets::** 

6

**Small Entity?::** 

Yes

Latin Name::

Variety Denomination Name::

Petition Included?::

**Petition Type::** 

Licensed US Govt. Agency::

**Contract or Grant Numbers::** 

**Secrecy Order in Parent Appl.::** 

#### **Applicant Information**

Applicant Authority Type:: Inventor

**Primary Citizenship::** Germany

Country:: Germany

Status:: Full Capacity

Given Name:: Werner

Middle Name::

Family Name:: LEHNER

Name Suffix::

City of Residence:: Gröbenzell

**State or Province of Residence::** 

Country of Residence:: Germany

Street of Mailing Address:: Oskar-Maria-Graf-Strasse 6

City of Mailing Address:: Gröbenzell

State or Province of Mailing

Address::

Country of Mailing Address:: Germany

Postal or Zip Code of Mailing

Address::

D-82194

Applicant Authority Type:: Inventor

Primary Citizenship:: Germany

Country:: Germany

Status:: Full Capacity

Given Name:: Anton

Middle Name::

Family Name:: KUMMERT

Name Suffix::

City of Residence:: Sprockhövel

State or Province of Residence::

Country of Residence:: Germany

Street of Mailing Address:: Eicklöhken 14

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City of Mailing Address::

Sprockhövel

State or Province of Mailing

Address::

**Country of Mailing Address::** 

Germany

Postal or Zip Code of Mailing

D-45549

Address::

**Applicant Authority Type::** 

Inventor

**Primary Citizenship::** 

Germany

Country::

Germany

Status::

Full Capacity

Given Name::

Jörg

Middle Name::

Family Name::

VELTEN

Name Suffix::

City of Residence::

Remscheid

State or Province of Residence::

**Country of Residence::** 

Germany

**Street of Mailing Address::** 

Hof Heidhof 7

City of Mailing Address::

Remscheid

State or Province of Mailing

Address::

**Country of Mailing Address::** 

Germany

Postal or Zip Code of Mailing

D-42855

Address::

#### Correspondence Information

**Correspondence Customer** 

26694

Number::

**Phone Number::** 

(202) 344-4000

Fax Number::

(202) 344-8300

E-Mail Address::

cmvoorhees@venable.com

Rei	ores	entati	ve In	form	ation

Representative Customer

26694

Number::

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Continuation of		

### **Foreign Priority Information**

Application Number::	Filing Date::	Priority Claimed::
100 00 287.0-53	January 7, 2000	Yes
	Number::	Number::

# **Assignee Information**

**Assignee Name::** 

Leuze Lumiflex GmbH & Co.

**Street of Mailing Address::** 

Ehrenbreitsteiner Str. 44

**City of Mailing Address::** 

Munchen

**State or Province of Mailing** 

Address::

**Country of Mailing Address::** 

Germany

Postal or Zip Code of Mailing

D-80993

Address::